<u> </u>	
File with: lowa Ethics and Campaign Disclosure Board 510 E. 12 th , Ste. 1A Des Moines, lowa 50319 Fax: 515-281-4073 Reset Form Reset Form DISCLOSURE SUMMARY	
COMMITTEE NAME (Must be same as on Statement of Organization)	
<u>Citizens</u> For Richards	FORM
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political 11) Local Ballot Issue	d or Other Political al Subdivision PAC (For Office Use Only
CANDIDATE COMMITTEES ONLY: Candidate Name Political Party	J Codimico
Office Sought District (if Sense District 8 House District 8)	
_ate reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code s	
Signature of person filing report Teles	5-7275 1/2/09
	PHONE DATE SIGNED
(report date) CHECK IF AMENDMENT TO REPORT DATED	
Check if this is final (termination) report and attach Notice of Dissolution Form D (You must continue to file reports until a DR-3 is filed.)	OR-3. County & Local Committees, enter County in which Election is held
STATEMENT OF CASH ON HAND	
CASH ON HAND at the beginning of the reporting period. (Total of all funds held be committee. This amount MUST be the same as the cash on hand at the of the last reporting period or must be zero if this is first report filed.)	
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-k	kind below)
Schedule F: Loans Received total (Attach Schedule F)	
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
(Schedule H applies to Candidates' Committees Only)	
	SUB-TOTAL\$ <u>4,000.5</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) /**slee and debte on	and leaves below)
Schedule B: Expenditures total (Attach Schedule B) (**also see debts an Schedule F: Loan Repayments total (Attach Schedule F)	
CASH ON HAND at the end of this reporting period (if final report balance must be	
*UNPAID BILLS (From Schedule D - Attach Schedule D)	
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	
·	
OUTSTANDING LOANS (FIOM SCHEDUIE F - ATTACK SCHEDUIE F)	\$?~/^^
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) CONSULTANT BREAKDOWN (Schedule G Attached?)	
CONSULTANT BREAKDOWN (Schedule G Attached?) CANDIDATE COMMITTEES ONLY:	\$ 3,400.0 YES X_NO

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Richards

SCHEDULE	
(Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
11/4/08	ID# CK#	Tom Gocke 419 5. Portland St. Bancroft, IA- 50517-8008		\$ 50.00	
11/4/08	ID# CK#	Pamela A. Duffy 28135 J Ave. Adel, IA. 50003-4506		50.00	
11/4/08	ID# CK#	James Finn 428 Crestline Dr. Decatur, II 62526-1412		/00.00	
11/21/08	ID# CK#	Richard Roberts 7202 Cross Country Rd. Verona, WI. 53593		100.00	
	ID# CK#				
			SUB-TOTAL		

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of ____

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
CHE	CK THIS BOX IF

AMENDING FORM

COMMITTE	E NAME (Must be .	same as on Statement of Organization))	
1	tizens	For Richar		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/1/08	ID# CK#			874.90
11/7/08	ID# CK#	Victory Enterprises 5200 SW 30th St, Ste 7 Davenport, IA 52802	Creation + production radio ad "By Hole"	र्
11/7/08	ID# CK#	Victory Enterprises 5200 SW 3075 St., Ste. Davenport, IA. 52802	7 Postcards 4/14" x6" w Postage, Shipping & Hand	1744
	ID# CK#		10514ge, 2114pt g 4 mana	(m) 1,893.08
	ID# CK#			
			SUB-	TOTAL \$ 3,017.98
			TOTAL (if last page of this sch	

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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FOR INSTRUCTIONS, SEE BACK OF FORM			
. SIT IN STRUCTION OF BACK OF FORIN		SCHEDULE	
COMMITTEE NAME (Must be same as on Statement of Organization)		E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
Citizens for Richards		CHECK	THIS BOX IF
	Reset Form		DING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
10/31/08	Republican Parky of Jown 621 East 9th Des Moines, IA-50309		TVads	\$ 4/ <i>Soc</i> • •	
·	······································	,		4,888.00	
10/31/08			TVads	4885.72	
10/31/08			Direct Mail	5630.82	
10/131/08			Direct Mail	·	
11/8/08			Automoted Calls	92460	
12/1/08			TV Production	(1458.85	
			SUB-TOTAL	\$	
			TOTAL (if last	<i>17,750.</i> 75	
			page of this	Ť	
			schedule)	17.750.75	, 1
*Disclosure law	requires candidates to displace the relationship of e-		in triand a contain of a contain	/	′ , /

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of _____ (for Schedule E)

	t be same as on Statement of Organization)	RESET	F LOAN: (Rev. 02/08) RECEIV
TE: This schedule rep	orts money loaned to the committee which is deposited in		CHECK THIS BOX
(Original source	DANS RECEIVED THIS REPORTING PERIOD of loan, such as a bank, must be shown if a third party is		
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*	AMOUNT OF LOAN
	tephen D. Richards 104 E. Kennedy Igona, IA. SOSII	Candidate	\$ 3400.00
ART II MONEYARY		TOTAL (PART I)	\$ <u>3400.00</u>
(Loans forgive	LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIO n must be reported on Schedule E In-kind Contribution	D. s.)	t
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$
			-

TOTAL CASH REPAYMENTS (PART II)

From Schedule E -- TOTAL LOANS FORGIVEN

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

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	(for S	Schedu	le F)	

\$ 3400.00